Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
SOUTHERN DISTRICT OF OHIO		
Case number (if known)	Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	■ Chapter 13	☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	Gerrick First name Lamont Middle name Hale Last name and Suffix (Sr., Jr., II, III)	Emily First name Rachel Middle name Hale Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years Include your married or maiden names.		FKA Emily R Busch
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-6371	xxx-xx-6756

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	■ I have not used any business name or EINs.			
	Include trade names and doing business as names	Business name(s)	Business name(s)			
		EINs	EINs			
5.	Where you live	4642 Glengate Drive	If Debtor 2 lives at a different address:			
		Columbus, OH 43232 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code			
		Franklin				
		County	County			
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code			
6.	Why you are choosing this district to file for	Check one:	Check one:			
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	 Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. 			
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)			

	otor 1 otor 2	Gerrick Lamont Ha Emily Rachel Hale					Case n	umber (if known)	
Par	t 2:	Tell the Court About \	Your Bank	ruptcy Ca	se				
7.		chapter of the cruptcy Code you are			orief description of each, see go to the top of page 1 and o			C. § 342(b) for Individu	uals Filing for Bankruptcy
	choc	sing to file under	☐ Chap	ter 7					
			☐ Chap	ter 11					
			☐ Chap	ter 12					
			Chap	ter 13					
	Uew	you will pay the fee	= 1	ill may the	antina faa uuhan I fila muun	odition D	aaa ahaal wiith th	a alambia affica in varu	s local count for more details
8.	поw	you will pay the lee	abo	out how yo	entire fee when I file my pour may pay. Typically, if you a attorney is submitting your paraddress.	are paying	the fee yourself, y	ou may pay with cash	n, cashier's check, or money
					the fee in installments. If y		e this option, sign	and attach the Applica	ation for Individuals to Pay
				U	e in Installments (Official For t my fee be waived (You ma	,	this option only if	vou are filing for Char	oter 7. By law, a judge may.
			but	is not requ		may do s	only if your incon	ne is less than 150% of	of the official poverty line that
					on to Have the Chapter 7 Filir				
9.		you filed for ruptcy within the	☐ No.						
		B years?	Yes.						
				District	Southern District of Ohio	When	11/26/12	Case number	12-60045
				District	Offic	When	11/20/12	Case number	12 00040
				District		When		Case number	
10.		any bankruptcy	■ No						
	filed	s pending or being by a spouse who is	☐ Yes.						
	you,	iling this case with or by a business ner, or by an ate?							
				Debtor				Relationship to y	ou
				District		_ When		Case number, if	known
				Debtor				Relationship to y	
				District		When		Case number, if	known
11.		ou rent your lence?	■ No.	Go to li	ine 12.				
	resic	lence ?	☐ Yes.	Has yo	ur landlord obtained an evict	ion judgm	ent against you?		
					No. Go to line 12.				
					Yes. Fill out <i>Initial Statement</i> this bankruptcy petition.	t About a	n Eviction Judgme	nt Against You (Form	101A) and file it as part of

	tor 2 Emily Rachel Hale			Case number (if known)				
Part	Report About Any Bu	ısinesses	You Own as a Sole Propri	etor				
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to Part 4.					
		☐ Yes.	Name and location of bu	usiness				
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of business, if an					
	If you have more than one sole proprietorship, use a separate sheet and attach		Number, Street, City, St	Number, Street, City, State & ZIP Code				
	it to this petition.		Check the appropriate b	oox to describe your business:				
			☐ Health Care Bus	siness (as defined in 11 U.S.C. § 101(27A))				
			☐ Single Asset Re	al Estate (as defined in 11 U.S.C. § 101(51B))				
			☐ Stockbroker (as	defined in 11 U.S.C. § 101(53A))				
			☐ Commodity Broken	xer (as defined in 11 U.S.C. § 101(6))				
			■ None of the abo	ve				
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadline operation in 11 U.S	s. If you indicate that you and so, cash-flow statement, and S.C. 1116(1)(B).	e court must know whether you are a small business debtor so that it can set appropriate e a small business debtor, you must attach your most recent balance sheet, statement of I federal income tax return or if any of these documents do not exist, follow the procedure				
	For a definition of small	No.	I am not filing under Cha	apter 11.				
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapte Code.	r 11, but I am NOT a small business debtor according to the definition in the Bankruptcy				
		☐ Yes.	I am filing under Chapte	r 11 and I am a small business debtor according to the definition in the Bankruptcy Code.				
Part	t 4: Report if You Own or	Have Any	/ Hazardous Property or A	ny Property That Needs Immediate Attention				
14.	Do you own or have any	■ No.						
	property that poses or is alleged to pose a threat of imminent and identifiable hazard to	☐ Yes.	What is the hazard?					
	public health or safety? Or do you own any property that needs immediate attention?		If immediate attention is needed, why is it needed?					
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is the property?					
	g			Number, Street, City, State & Zip Code				

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

	otor 1 Gerrick Lamont H otor 2 Emily Rachel Hale				Case number	· (if known)		
Par	t 6: Answer These Quest	ions for R	eporting Purposes					
16.	What kind of debts do you have?	16a.	Are your debts primarily of individual primarily for a per			ned in 11 U.S.C. § 101(8) as "incurred by an		
	•		☐ No. Go to line 16b.					
			Yes. Go to line 17.					
		16b.	Are your debts primarily be money for a business or inv					
			☐ No. Go to line 16c.	3	•			
			☐ Yes. Go to line 17.					
		16c.	State the type of debts you	owe that are not consu	mer debts or business	s debts		
17.	Are you filing under Chapter 7?	■ No.	I am not filing under Chapte	r 7. Go to line 18.				
	Do you estimate that after any exempt property is excluded and	☐ Yes.	I am filing under Chapter 7. are paid that funds will be a			erty is excluded and administrative expenses		
	administrative expenses are paid that funds will		□ No					
	be available for distribution to unsecured creditors?		☐ Yes					
18.	How many Creditors do	1 -49		1 ,000-5,000)	□ 25,001-50,000		
	you estimate that you owe?	□ 50-99		<u></u> 5001-10,00		<u> </u>		
		☐ 100-1 ☐ 200-9		☐ 10,001-25,0	000	☐ More than100,000		
19.	How much do you	\$0 - \$	50,000	□ \$1,000,001	- \$10 million	□ \$500,000,001 - \$1 billion		
	estimate your assets to be worth?		01 - \$100,000	\$10,000,00		□ \$1,000,000,001 - \$10 billion		
		□ \$100,001 - \$500,000 □ \$500,001 - \$1 million			1 - \$100 million 01 - \$500 million	☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion		
20.	How much do you	□ \$0 - \$	50,000	□ \$1,000,001	- \$10 million	☐ \$500,000,001 - \$1 billion		
	estimate your liabilities to be?		01 - \$100,000	\$10,000,00		□ \$1,000,000,001 - \$10 billion		
			001 - \$500,000		□ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,000,001 - \$50 billion			
		□ \$500,	001 - \$1 million	<u> </u>	στ - φ300 million	U Wore than 450 billion		
Par	Sign Below							
For	you	I have ex	amined this petition, and I de	clare under penalty of	perjury that the inform	ation provided is true and correct.		
						under Chapter 7, 11,12, or 13 of title 11, cose to proceed under Chapter 7.		
			rney represents me and I did t, I have obtained and read tl			an attorney to help me fill out this		
		I request	relief in accordance with the	chapter of title 11, Unit	ed States Code, spec	ified in this petition.		
			cy case can result in fines up			r property by fraud in connection with a ears, or both. 18 U.S.C. §§ 152, 1341, 1519,		
		/s/ Gerr	ick Lamont Hale		/s/ Emily Rachel			
			Lamont Hale e of Debtor 1		Emily Rachel Ha Signature of Debtor			
		Executed	February 28, 2018 MM / DD / YYYY		Executed on Feb	ruary 28, 2018 / DD / YYYY		

Debtor 1	Gerrick Lamont Hale	
Debtor 2	Emily Rachel Hale	Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Michael A. Cox	Date	February 28, 2018
Signature of Attorney for Debtor		MM / DD / YYYY
Michael A. Cox 0075218		
Printed name		
Guerrieri, Cox & Associates		
Firm name		
2500 N. High Street		
Suite 100		
Columbus, OH 43202		
Number, Street, City, State & ZIP Code		
Contact phone (614) 267-2871	Email address	lawyers@columbusdebtrelief.com
0075218 OH		
Bar number & State		

Certificate Number: 17082-OHS-CC-030632974



CERTIFICATE OF COUNSELING

I CERTIFY that on February 27, 2018, at 9:55 o'clock AM MST, GERRICK L HALE received from Summit Financial Education, Inc., an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Southern District of Ohio, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan <u>was not prepared</u>. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: February 27, 2018

By: /s/Dilary Ramos

Name: Dilary Ramos

Title: Credit Counselor

^{*} Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. §§ 109(h) and 521(b).

Certificate Number: 17082-OHS-CC-030632974



CERTIFICATE OF COUNSELING

I CERTIFY that on February 27, 2018, at 9:55 o'clock AM MST, GERRICK L HALE received from Summit Financial Education, Inc., an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Southern District of Ohio, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan <u>was not prepared</u>. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: February 27, 2018

By: /s/Dilary Ramos

Name: Dilary Ramos

Title: Credit Counselor

^{*} Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. §§ 109(h) and 521(b).

Fill i	n this inforn	nation to identify you	r case:			
Debt		Gerrick Lamont				
2021		First Name	Middle Name	Last Name		
Debt	or 2 se if, filing)	Emily Rachel Ha	Middle Name	Last Name		
Unite	ed States Ba	nkruptcy Court for the:	SOUTHERN DISTRICT C	DF ONIO		
Case (if know	e number wn)					
Sta Be as	complete a	of Financial	attach a separate sheet to	are filing together, both are	equally responsible for supp	olying correct
Part		,	rital Status and Where You	ı Lived Before		
1. \	What is you	r current marital statu	s?			
] [■ Married □ Not mar	ried				
2. [Ouring the la	ast 3 years, have you	lived anywhere other than	where you live now?		
] [■ No □ Yes. Lis	at all of the places you li	ived in the last 3 years. Do no	ot include where you live now	<i>i</i> .	
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
[■ No □ Yes. Ma	ake sure you fill out <i>Sch</i>	nedule H: Your Codebtors (O	fficial Form 106H).		
Part	2 Explai	n the Sources of You	r Income			
F	Fill in the tota	al amount of income yo	nployment or from operating ureceived from all jobs and a have income that you receive	all businesses, including part	time activities.	dar years?
[□ No ■ Yes. Fill	in the details.				Dates Debtor 2 lived there erty state or territory? (Community property as, Washington and Wisconsin.) e two previous calendar years? ivities. tor 1. Gross income (before deductions and exclusions) ages, commissions, es, tips \$0.00
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	(before deductions
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$0.00	☐ Wages, commissions, bonuses, tips	\$0.00
			☐ Operating a business		☐ Operating a business	

Official Form 107

				Debtor 1			Debtor 2		
				Sources of income Check all that apply.	(before	s income re deductions and sions)	Sources of inc Check all that a		Gross income (before deductions and exclusions)
	r last calen anuary 1 to	dar year: December 3	1, 2017)	■ Wages, commissions, bonuses, tips		\$37,896.96	■ Wages, com bonuses, tips	missions,	\$57,198.11
				☐ Operating a business			Operating a	ousiness	
		dar year bef December 3		■ Wages, commissions, bonuses, tips		\$69,568.00	☐ Wages, com bonuses, tips	missions,	\$0.00
				☐ Operating a business			☐ Operating a	ousiness	
5.	Include include and other winnings. List each s	come regardl public benefi If you are filir	ess of wheth t payments; ng a joint cas ne gross inco	e during this year or the two er that income is taxable. Ex- pensions; rental income; inte e and you have income that the me from each source separa	amples o rest; divid you recei	f other income are a dends; money collect ved together, list it o	alimony; child supp sted from lawsuits; only once under De that you listed in lin	royalties; ar btor 1.	
				Debtor 1 Sources of income	Gros	s income from	Debtor 2 Sources of inc	ome	Gross income
				Describe below.	each	source re deductions and	Describe below.		(before deductions and exclusions)
		/ 1 of curren filed for ban		Disability		\$1,700.00			
						\$0.00	Child Suppor	t	\$480.00
						\$0.00	Child Suppor	t	\$1,500.00
	r last calen anuary 1 to	dar year: December 3	1, 2017)			\$0.00	Child Suppor	t	\$1,200.00
Pa	rt 3: List	Certain Pay	ments You	Made Before You Filed for	Bankrup	otcy			
6.		Debtor 1's Neither De	or Debtor 2' btor 1 nor D	s debts primarily consume ebtor 2 has primarily consi personal, family, or househo	er debts? umer del	ots. Consumer debt	s are defined in 11	U.S.C. § 10	01(8) as "incurred by an
		During the 9	90 days befo Go to line 7	re you filed for bankruptcy, d	lid you pa	y any creditor a tota	al of \$6,425* or moi	e?	
		□ Yes	paid that cre	each creditor to whom you pa editor. Do not include payment payments to an attorney for t	nts for do	mestic support obliq			
		* Subject to		on 4/01/19 and every 3 year			or after the date o	f adjustmen	t.
	Yes.			r both have primarily consure you filed for bankruptcy, d			al of \$600 or more?		
		□ No.	Go to line 7						
		■ Yes	List below e include pay	each creditor to whom you pa ments for domestic support o this bankruptcy case.					
	Creditor'	s Name and	Address	Dates of payme	ent	Total amount paid	Amount you still owe	Was this	payment for

emily Rachel Hale	Case number (if known)					
Creditor's Name and Address	Dates of payment	Total amount	Amount you	Was this pag	yment for	
Capital One Auto Finance 3905 N Dallas Parkway Plano, TX 75093	within the previous 90 days	paid \$900.00	still owe \$7,931.00	☐ Mortgage ☐ Car ☐ Credit Ca ☐ Loan Rep ☐ Suppliers ☐ Other	rd ayment	
Nithin 1 year before you filed for bankrunsiders include your relatives; any general of which you are an officer, director, person a business you operate as a sole proprieto alimony.	I partners; relatives of any gen in control, or owner of 20%	neral partners; partners partners or more of their votin	erships of which yog g securities; and a	ou are a genera ny managing ag	l partner; corpor gent, including c	
Yes. List all payments to an insider.						
Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	his payment	
Include payments on debts guaranteed or	cosigned by an insider.					
Yes. List all payments to an insider				_		
Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Include credi	this payment tor's name	
Within 1 year before you filed for bankru List all such matters, including personal inj modifications, and contract disputes. No Yes. Fill in the details.						
Case title Case number	Nature of the case	Court or agency		Status of the	e case	
Calvary SPV 1 LLC v Emily Hale 2018 CVF 003378	Collections	Franklin Count Court 375 S. High Sti 2nd Floor Columbus, OH	reet	Pending On appea		
Capital One Bank v. Emily Hale 2018 CVF 003743	collections	Franklin Count Court 375 S. High Str 2nd Floor Columbus, OH	reet	Pending On appea		
Within 1 year before you filed for bankru Check all that apply and fill in the details be No. Go to line 11. Yes. Fill in the information below.		erty repossessed, f	oreclosed, garni	shed, attached	, seized, or lev	
Creditor Name and Address	Describe the Property		Date		Value o	
	Explain what happene				pro	
	LAPIAIII WIIAL IIAPPEIIE	·u				

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy page 3

■ No □ Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift and Address:	Date action was taken ssignee for the bene	Amount efit of creditors, a					
Creditor Name and Address Describe the action the creditor took 2. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an as court-appointed receiver, a custodian, or another official? No Yes Part 5: List Certain Gifts and Contributions Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift and Address:	taken						
court-appointed receiver, a custodian, or another official? No Yes Part 5: List Certain Gifts and Contributions Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift and Address:		fit of creditors, a					
No Yes Part 5: List Certain Gifts and Contributions 3. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift and Address:		•					
 Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more that No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift and Address: 							
■ No □ Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift and Address:							
Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift and Address:	ın \$600 per person?	?					
Address:	Dates you gave the gifts	Value					
4. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total							
■ No □ Yes. Fill in the details for each gift or contribution.	Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No						
Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Dates you contributed	Value					
Part 6: List Certain Losses							
5. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anythit or gambling?	ing because of thef	t, fire, other disaster					
■ No □ Yes. Fill in the details.							
Describe the property you lost and how the loss occurred Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost					
Part 7: List Certain Payments or Transfers							
16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in the counseling agencies.		rty to anyone you					
□ No■ Yes. Fill in the details.							
Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You Description and value of any property transferred	Date payment or transfer was made	Amount of payment					
Guerrieri Cox & Associates \$500 attorney fees 2500 North High Street Suite 100 Columbus, OH 43202							

17.	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16.						
	Yes. Fill in the details.						
	Person Who Was Paid Address	Description and va transferred	llue of any prope	erty	Date payment or transfer was made	Amount of payment	
18.	Within 2 years before you filed for bankruptcy, transferred in the ordinary course of your busi			sfer any prop	erty to anyone, other	than property	
	Include both outright transfers and transfers made include gifts and transfers that you have already lie. No		e granting of a se	ecurity interes	t or mortgage on your _l	property). Do not	
	☐ Yes. Fill in the details.						
	Person Who Received Transfer Address	Description and va property transferre			any property or received or debts change	Date transfer was made	
	Person's relationship to you						
19.	Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No						
	Yes. Fill in the details.						
	Name of trust	Description and value of the property transfer			ed	Date Transfer was made	
Par	t 8: List of Certain Financial Accounts, Instru	uments, Safe Deposit	Boxes, and Stor	age Units		ac	
20.	Within 1 year before you filed for bankruptcy, v sold, moved, or transferred? Include checking, savings, money market, or o houses, pension funds, cooperatives, associated No Yes. Fill in the details.	other financial accoun	ts; certificates o				
		ast 4 digits of ccount number	Type of accoun instrument	clo mo	te account was sed, sold, ved, or nsferred	Last balance before closing or transfer	
21.	Do you now have, or did you have within 1 year cash, or other valuables?	r before you filed for	bankruptcy, any	safe deposit	box or other deposit	ory for securities,	
	■ No □ Yes. Fill in the details.						
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acce Address (Number, Str State and ZIP Code)		Describe the (contents	Do you still have it?	
22.	Have you stored property in a storage unit or p	place other than your	home within 1 ye	ear before yo	u filed for bankruptc	y?	
	■ No □ Yes. Fill in the details.						
		Who also has at h	ad access	locariba tha	contonts	Do you still	
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or hat to it? Address (Number, State and ZIP Code)		escribe the (Contents	Do you still have it?	

Par	rt 9: Identify Property You Hold or Control fo	r Someone Else			
23.	Do you hold or control any property that some for someone.	eone else owns? Include any proper	ty you borrowed	from, are storing for	, or hold in trust
	■ No □ Yes. Fill in the details.				
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the pro	operty	Value
Par	rt 10: Give Details About Environmental Inform	mation			
For	the purpose of Part 10, the following definition	s apply:			
_	Environmental law means any federal, state, of toxic substances, wastes, or material into the regulations controlling the cleanup of these states.	air, land, soil, surface water, ground	• •		
	Site means any location, facility, or property a to own, operate, or utilize it, including disposa	-	law, whether you	now own, operate, o	or utilize it or used
	Hazardous material means anything an enviro hazardous material, pollutant, contaminant, or		s waste, hazardou	ıs substance, toxic s	substance,
Rep	port all notices, releases, and proceedings that	you know about, regardless of whe	they occurred.		
24.	Has any governmental unit notified you that you	ou may be liable or potentially liable	under or in viola	tion of an environme	ental law?
	■ No				
	Yes. Fill in the details.				
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)		tal law, if you	Date of notice
25.	Have you notified any governmental unit of an	y release of hazardous material?			
	■ No □ Yes. Fill in the details.				
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)		tal law, if you	Date of notice
26.	Have you been a party in any judicial or admin	nistrative proceeding under any env	ronmental law? I	nclude settlements a	and orders.
	■ No				
	Yes. Fill in the details.				
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the ca	se	Status of the case
Par	rt 11: Give Details About Your Business or Co	·			
27.		-	y of the following	n connections to any	, husiness?
21.	☐ A sole proprietor or self-employed in a			-	, business:
	☐ A member of a limited liability compan			· part time	
	☐ A partner in a partnership	, (, -:	r (/		
	☐ An officer, director, or managing exec	utive of a corporation			
	☐ An owner of at least 5% of the voting of	·			

	ebtor 1 Gerrick Lamont Hale Emily Rachel Hale	Ca	ise number (if known)
	No. None of the above applies. Go to	Part 12.	
	☐ Yes. Check all that apply above and fi	II in the details below for each business.	
	Business Name Address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
	(Number, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Dates business existed
28.	Within 2 years before you filed for bankrup institutions, creditors, or other parties.	otcy, did you give a financial statement to a	nyone about your business? Include all financial
	■ No □ Yes. Fill in the details below.		
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued	
Pa	ırt 12: Sign Below		
are witl		a false statement, concealing property, or o	declare under penalty of perjury that the answers btaining money or property by fraud in connection ars, or both.
/s/	/ Gerrick Lamont Hale	/s/ Emily Rachel Hale	
-	errick Lamont Hale	Emily Rachel Hale	
Siç	gnature of Debtor 1	Signature of Debtor 2	
Da	February 28, 2018	Date February 28, 2018	
Did	I you attach additional pages to Your Statem	ent of Financial Affairs for Individuals Filin	g for Bankruptcy (Official Form 107)?
	No		, , ,
□ `	Yes		
Did ■ _I	I you pay or agree to pay someone who is no No	ot an attorney to help you fill out bankrupto	y forms?
	Yes. Name of Person Attach the Bankri	uptcy Petition Preparer's Notice, Declaration, a	and Signature (Official Form 119).

Fill	in this information to identify your case:		
Deb	tor 1 Gerrick Lamont Hale		
	First Name Middle Name Last Name		
	tor 2 Emily Rachel Hale First Name Middle Name Last Name		
(Spot	use if, filing) First Name Middle Name Last Name		
Unit	ed States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO		
Cas	e number		
(if kno		☐ Chec	ck if this is an
		amer	nded filing
Sul Be a infor	icial Form 106Sum mmary of Your Assets and Liabilities and Certain Statistical Information s complete and accurate as possible. If two married people are filing together, both are equally responsible formation. Fill out all of your schedules first; then complete the information on this form. If you are filing amend original forms, you must fill out a new Summary and check the box at the top of this page.		
Part	1: Summarize Your Assets		
			assets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	25,341.63
	1c. Copy line 63, Total of all property on Schedule A/B	\$	25,341.63
Part	2: Summarize Your Liabilities		
			liabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	7,931.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	1,675.91
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	201,338.55
	Your total liabilities	\$	210,945.46
Part	3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	5,010.10
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	4,590.10
Part	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?		
	No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other so	chedules.
	■ Yes		
7.	What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a persona	l, family, or

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

the court with your other schedules.

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

6,884.42

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total	claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	1,675.91
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	176,025.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	177,700.91

Fill ir	this inform	ation to identify yo	ur case a	nd this filing:				
Debto	or 1	Gerrick Lamon	t Hale					
		First Name	it i iaio	Middle Name	Last Name			
Debte		Emily Rachel F	łale					
(Spous	e, if filing)	First Name		Middle Name	Last Name			
Unite	d States Ban	kruptcy Court for the	e: SOUT	HERN DISTRICT	OF OHIO			
Case	number							Check if this is an
								amended filing
Offi	cial For	m 106A/B						
		A/B: Pro	nerty	.				12/15
					once. If an asset fits in more th	an one category list the as	sat in the	
think i inform	fits best. Be	as complete and acc space is needed, atta	urate as po	ssible. If two marrie	ed people are filing together, be m. On the top of any additional	oth are equally responsible	for suppl	ying correct
Part 1	Describe E	ach Residence, Build	ling, Land,	or Other Real Estate	e You Own or Have an Interest	In		
1. Do	you own or ha	ive any legal or equita	able interes	st in any residence, l	building, land, or similar prope	erty?		
.	No. Go to Part	2						
	vo. Go to Part: Yes. Where is							
	res. Wriere is	the property:						
Part 2	Describe Y	our Vehicles						
3.1	Make: H	onda		Who has an inter	rest in the property? Check one			s or exemptions. Put
0.1		ivic		Debtor 1 only	rest in the property: check one			aims on Schedule D: Secured by Property.
		003		■ Debtor 2 only				, , ,
	Approximate	mileage: 19	90,000	Debtor 1 and D	Debtor 2 only	Current value of t entire property?		urrent value of the ortion you own?
	Other informa	ation:			the debtors and another			
				Check if this i	is community property	\$578	.78	\$578.78
		hevrolet				Do not deduct secu	ured claims	s or exemptions. Put
3.2	wanc	npala		Debtor 1 only	rest in the property? Check one	the amount of any	secured cl	aims on Schedule D:
	-	012		_		Creditors Who Have	e Claiilis .	Secured by Property.
	Approximate		98,000	■ Debtor 2 only ■ Debtor 1 and □	Oehtor 2 only	Current value of t entire property?		urrent value of the ortion you own?
	Other informa				the debtors and another		r	, ,
				Check if this i	is community property	\$5,525	.00	\$5,525.00
				(see instructions	*)			

	ebtor 1 ebtor 2	Gerrick Lam Emily Rache		Ca	ase number (if known)	
5				your entries from Part 2, including ar		\$6,103.78
Pa	art 3: De	scribe Your Perso	nal and Household Items			
			egal or equitable interest in ar	ny of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
6.	Example No	old goods and fes: Major appliar Describe	urnishings ces, furniture, linens, china, kitc	henware		
			Household Goods			\$2,000.00
7.	■ No	es: Televisions a	nd radios; audio, video, stereo, phones, cameras, media player	and digital equipment; computers, printers, games	ers, scanners; music co	llections; electronic devices
8.			figurines; paintings, prints, or ot ons, memorabilia, collectibles	ther artwork; books, pictures, or other ar	t objects; stamp, coin, c	or baseball card collections;
9.	Equipmont Example	ent for sports a es: Sports, photo musical instr Describe	graphic, exercise, and other hol	oby equipment; bicycles, pool tables, go	lf clubs, skis; canoes ar	nd kayaks; carpentry tools;
10.	. Firearn Examp ■ No	ns	s, shotguns, ammunition, and re	lated equipment		
11.	□ No		othes, furs, leather coats, desigr	ner wear, shoes, accessories		
			Clothing and bedding			\$500.00
12.	□ No		welry, costume jewelry, engager	ment rings, wedding rings, heirloom jewe	elry, watches, gems, go	old, silver
			Misc Jewelry			\$350.00
13.	Examp ☐ No	rm animals oles: Dogs, cats, Describe	birds, horses			
			3 dogs, 4 cats sentimental value only			\$0.00

Official Form 106A/B Schedule A/B: Property page 2

	btor 2	Emily Rach				Case number (if known)	
	Any otl ■ No	her personal a	ınd housel	hold items you did	I not already list, including a	ny health aids you did not list	
	☐ Yes.	Give specific in	nformation.				
15.					Part 3, including any entries	for pages you have attached	\$2,850.00
		scribe Your Fina					
Do	you ow	wn or have any	legal or e	quitable interest in	n any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
	□ No Î		·	•	ome, in a safe deposit box, an	nd on hand when you file your petition	n
						Cash on hand	\$4.00
					s with the same institution, list	shares in credit unions, brokerage ho each.	ouses, and other similar
	Yes				Institution name:		
			17.1.	Checking Acco	ount Bank Account at H	luntington	\$1,740.38
			17.1.	Checking Acco	Bank Account at H	Huntington	\$1,740.38 \$400.00
				Checking Acco			
			17.2.		HSA		\$400.00
18.	Examp		17.2. 17.3. 17.4.	Checking	HSA BMI Federal Credit	t Union	\$400.00 \$3,173.47
	Examp ■ No		17.2. 17.3. 17.4.	Checking	HSA BMI Federal Credit FSA rokerage firms, money market	t Union	\$400.00 \$3,173.47
 19.	Examp No Yes Non-pu joint v	oles: Bond fund	17.2. 17.3. 17.4. 5, or public s, investme	Checking Cly traded stocks ent accounts with but Institution or issue	HSA BMI Federal Credit FSA rokerage firms, money market	t Union	\$400.00 \$3,173.47 \$70.00
 19.	Example No Non-pu joint vi	ples: Bond funds	17.2. 17.3. 17.4. s, or public s, investments and antionmation	Checking Cly traded stocks ent accounts with but Institution or issue	HSA BMI Federal Credit FSA rokerage firms, money market r name: porated and unincorporated	t Union	\$400.00 \$3,173.47 \$70.00
 19. 20.	Examp No Yes Non-pu joint v No Yes Govern	ublicly traded strength of the specific in the specific in the specific in the strength of the specific in the strength of the specific in the strength of the	17.2. 17.3. 17.4. 5, or public s, investment stock and nformation Nar porate borts include p	Checking Cly traded stocks ent accounts with be institution or issued interests in incorporate about them	HSA BMI Federal Credit FSA rokerage firms, money market r name: porated and unincorporated	t Union accounts businesses, including an interest % of ownership: instruments tes, and money orders.	\$400.00 \$3,173.47 \$70.00

Debtor Debtor			Case number (if kr.	oown)
	•		403(b), thrift savings accounts, or other pension or profit-sha	aring plans
_	es. List each account	t separately.		
		Type of account:	Institution name:	
		OPERS	OPERS	Unknown
			401(k) through Current Employer	Unknown
Yo Ex	camples: Agreements	d deposits you have made s	so that you may continue service or use from a company , public utilities (electric, gas, water), telecommunications co	mpanies, or others
■ N	√o /es		Institution name or individual:	
23. A n	•	r a periodic payment of mor	ney to you, either for life or for a number of years)	
		suer name and description.		
	U.S.C. §§ 530(b)(1), 5	n IRA, in an account in a 629A(b), and 529(b)(1).	qualified ABLE program, or under a qualified state tuitio	n program.
-		stitution name and description	on. Separately file the records of any interests.11 U.S.C. § 5	21(c):
25. Tr ι ■ N		ure interests in property (other than anything listed in line 1), and rights or power	s exercisable for your benefit
	es. Give specific info	ormation about them		
	camples: Internet dom		and other intellectual property eds from royalties and licensing agreements	
		ormation about them		
	<i>camples:</i> Building perr	and other general intangib mits, exclusive licenses, coc	les operative association holdings, liquor licenses, professional l	icenses
		ormation about them		
Money	or property owed to	o you?		Current value of the portion you own? Do not deduct secured claims or exemptions.
28. Ta x	x refunds owed to yo	ou		
	es. Give specific info	rmation about them, includin	ng whether you already filed the returns and the tax years	
	•	ump sum alimony, spousal	support, child support, maintenance, divorce settlement, pro	perty settlement
_	es. Give specific info	rmation		
		Child Su	upport Arrears	\$2,000,00

	ebtor 1 ebtor 2	Gerrick Lamont Hale Emily Rachel Hale	Case number (if known	n)
30.		imounts someone owes you les: Unpaid wages, disability insurance paym benefits; unpaid loans you made to some	nents, disability benefits, sick pay, vacation pay, workers' compeone else	pensation, Social Security
	■ No			
	☐ Yes.	Give specific information		
31.		ts in insurance policies les: Health, disability, or life insurance; health	n savings account (HSA); credit, homeowner's, or renter's insur	ance
	Yes. I	Name the insurance company of each policy	and list its value.	
		Company name:	Beneficiary:	Surrender or refund value:
		Life Insurance thro employer	ugh current	\$0.00
32.	If you a	erest in property that is due you from som are the beneficiary of a living trust, expect pro ne has died.	neone who has died ceeds from a life insurance policy, or are currently entitled to re	eceive property because
	_	Give specific information		
				1 \$0.000.00
		Potential II	nheritance	\$9,000.00
	Other control No	Describe each claim contingent and unliquidated claims of ever Describe each claim ancial assets you did not already list Give specific information	y nature, including counterclaims of the debtor and rights	to set off claims
36		··· ··· · · · · · · · · · · · · · · ·	Part 4, including any entries for pages you have attached	\$16,387.85
Pa	art 5: Des	scribe Any Business-Related Property You Own	or Have an Interest In. List any real estate in Part 1.	
	_ ′	own or have any legal or equitable interest in any	y business-related property?	
	No. Go	to Part 6.		
	☐ Yes. G	o to line 38.		
Pa		scribe Any Farm- and Commercial Fishing-Relate ou own or have an interest in farmland, list it in Part		
46.	. Do you	own or have any legal or equitable interes	st in any farm- or commercial fishing-related property?	
	■ No.	Go to Part 7.		
	☐ Yes.	Go to line 47.		
De	ort 7:	Describe All Bronarty Vou Own or Have an Inte	proof in That You Did Not List Above	

	btor 1 Gerrick Lamont Hale btor 2 Emily Rachel Hale		Case number (if known)	
	Do you have other property of any kind you did not alro Examples: Season tickets, country club membership	eady list?		
	■ No			
	Yes. Give specific information			
54.	Add the dollar value of all of your entries from Part 7.	Write that number here		\$0.00
Part	tt 8: List the Totals of Each Part of this Form		L	
55.	Part 1: Total real estate, line 2			\$0.00
56.	Part 2: Total vehicles, line 5	\$6,103.78		
57.	Part 3: Total personal and household items, line 15	\$2,850.00	-	
58.	Part 4: Total financial assets, line 36	\$16,387.85	-	
59.	Part 5: Total business-related property, line 45	\$0.00	-	
60.	Part 6: Total farm- and fishing-related property, line 5	2 \$0.00	-	
61.	Part 7: Total other property not listed, line 54	+ \$0.00	-	
62.	Total personal property. Add lines 56 through 61	\$25,341.63	Copy personal property to	stal \$25,341.63
63.	. Total of all property on Schedule A/B. Add line 55 + lin	e 62		\$25,341.63

Fill in this infor	mation to identify your	case:		
Debtor 1	Gerrick Lamont F	lale		
	First Name	Middle Name	Last Name	
Debtor 2	Emily Rachel Hale	е		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	SOUTHERN DISTRICT	OF OHIO	
Case number				
(if known)				☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

	•			
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
2003 Honda Civic 190,000 miles Line from Schedule A/B: 3.1	\$578.78		\$3,775.00	Ohio Rev. Code Ann. § 2329.66(A)(2)
			100% of fair market value, up to any applicable statutory limit	
Household Goods Line from Schedule A/B: 6.1	\$2,000.00		\$2,000.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
Ellie Holli Genedale AVD. G.1			100% of fair market value, up to any applicable statutory limit	2020.00(A)(4)(a)
Clothing and bedding Line from Schedule A/B: 11.1	\$500.00		\$500.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(b)
			100% of fair market value, up to any applicable statutory limit	, , , , , , , , , , , , , , , , , , ,
Misc Jewelry Line from Schedule A/B: 12.1	\$350.00		\$350.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(b)
			100% of fair market value, up to any applicable statutory limit	
Cash on hand Line from Schedule A/B: 16.1	\$4.00		\$2.00	Ohio Rev. Code Ann. § 2329.66(A)(3)
			100% of fair market value, up to any applicable statutory limit	

Debtor Debtor				Case number (if known)	
	ief description of the property and line on chedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B		ount of the exemption you claim eck only one box for each exemption.	Specific laws that allow exemption
	hecking Account: Bank Account at	\$1,740.38	•	\$948.00	Ohio Rev. Code Ann. §
	untington ne from <i>Schedule A/B</i> : 17.1			100% of fair market value, up to any applicable statutory limit	2329.66(A)(3)
	hecking Account: Bank Account at untington	\$1,740.38		\$792.38	Ohio Rev. Code Ann. § 2329.66(A)(18)
	ne from <i>Schedule A/B</i> : 17.1			100% of fair market value, up to any applicable statutory limit	2329.00(A)(10)
	SA ne from Schedule A/B: 17.2	\$400.00		\$0.00	Ohio Rev. Code Ann. § 2329.66(A)(3)
LII	ie nom Schedule A/B. 11.2			100% of fair market value, up to any applicable statutory limit	2020.00(A)(0)
	SA ne from Schedule A/B: 17.2	\$400.00		\$0.00	Ohio Rev. Code Ann. § 2329.66(A)(18)
	ic noin deficulte A/B. 1112			100% of fair market value, up to any applicable statutory limit	2020.00((1)(10)
	hecking: BMI Federal Credit Union	\$3,173.47		\$1,707.62	Ohio Rev. Code Ann. § 2329.66(A)(18)
LII	ile IIIIII Schedule A/B. 11.3			100% of fair market value, up to any applicable statutory limit	2020.00(A)(10)
_	PERS: OPERS ne from Schedule A/B: 21.1	Unknown		\$0.00	Ohio Rev. Code Ann. §§ 2329.66(A)(10)(a), 521.09,
	ie nom Genedale A/B. 2111			100% of fair market value, up to any applicable statutory limit	145.56, 145.75, 145.13, 742.47, 3307.71
	hild Support Arrears	\$2,000.00		\$2,000.00	Ohio Rev. Code Ann. § 2329.66(A)(11)
	ie nom denedate A/B. 2011			100% of fair market value, up to any applicable statutory limit	2020:00(1)(11)
_	otential Inheritance	\$9,000.00		\$0.00	Ohio Rev. Code Ann. § 2329.66(A)(18)
LII	ne nom <i>Scriedule A/D</i> . 32. i			100% of fair market value, up to any applicable statutory limit	2020.00(A)(10)

3. 🖊	Are you claimir	ng a homestead	exemption of	more than	\$160,375?
------	-----------------	----------------	--------------	-----------	------------

(Sul	oject to	adjustment	on 4/01	/19 and	l every 3	years after	that for	r cases filed o	on or after t	he date o	f adjustment.)
------	----------	------------	---------	---------	-----------	-------------	----------	-----------------	---------------	-----------	----------------

No

П	Yes. Did you acquire the prope	arty covered by the exemption	on within 1 215 days hef	ore you filed this case?
ш	res. Did vou acquire trie brobe	ity covered by the exemblic	nı willilli i.z iə davs ber	ore you med this case:

☐ No

☐ Yes

	s informatior	າ to identify yoເ	ır case:				
Debtor 1	Ge	errick Lamont	: Hale				
	Firs	t Name	Middle Name	Last Name			
Debtor 2		nily Rachel H					
(Spouse if, fill	ling) Firs	t Name	Middle Name	Last Name			
United Sta	ates Bankrup	tcy Court for the	SOUTHERN DISTRICT OF O	HIO			
Case num	nher						
(if known)						☐ Check	if this is an
						amen	ded filing
Official	Гоина 10	cD.					
	Form 10			_			
Sched	dule D:	Creditors	Who Have Claims	Secured	by Propert	у	12/15
			If two married people are filing toget				
is needed, o number (if l		ional Page, fill it	out, number the entries, and attach in	t to this form. On	the top of any addition	nal pages, write your na	me and case
•	•	claims secured b	v vour property?				
`			his form to the court with your othe	r schedules Yo	u have nothing else t	o report on this form	
			•	i scricuules. To	a nave nothing cise t	o report on this form.	
■ Ye	s. Fill in all of	the information	below.				
Part 1:	List All Sec	ured Claims			0.1	0.1.	0.1.0
			more than one secured claim, list the cr		Column A	Column B	Column C
			s a particular claim, list the other credito ical order according to the creditor's nar		Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1 Cap	oital One Au	ıto Finan	Describe the property that secures	the claim:	\$7,931.00	\$5,525.00	\$2,406.00
Credit	tor's Name		2012 Chevrolet Impala 98,0	00 miles			
200	d Dallas Di		As of the date you file, the claim is	: Check all that			
	1 Dallas Pk	-	apply.				
		,,	☐ Contingent				
Plar	no, TX 7509		<u> </u>				
Plar	per, Street, City, S		Unliquidated				
Plar	per, Street, City, S	tate & Zip Code	☐ Unliquidated☐ Disputed				
Plan Numb	per, Street, City, S	tate & Zip Code	☐ Unliquidated ☐ Disputed Nature of lien. Check all that apply.	s mortgage or seci	ıred		
Plan Numb Who owes	per, Street, City, S s the debt? C 1 only	tate & Zip Code	☐ Unliquidated☐ Disputed	s mortgage or secu	ured		
Plar Numb Who owes □ Debtor 2	s the debt? C 1 only 2 only	tate & Zip Code heck one.	☐ Unliquidated ☐ Disputed Nature of lien. Check all that apply. ☐ An agreement you made (such as car loan)		ured		
Plar Numb Who owes □ Debtor 2 □ Debtor 2	s the debt? C 1 only 2 only 1 and Debtor 2	tate & Zip Code heck one.	☐ Unliquidated ☐ Disputed Nature of lien. Check all that apply. ☐ An agreement you made (such as		ured		
Plan Numb Who owes Debtor 2 Debtor 2 At least Check is	s the debt? C 1 only 2 only 1 and Debtor 2	tate & Zip Code heck one. only tors and another	☐ Unliquidated ☐ Disputed Nature of lien. Check all that apply. ☐ An agreement you made (such as car loan) ☐ Statutory lien (such as tax lien, me		ured		
Plan Numb Who owes Debtor 2 Debtor 2 Debtor 3 Check is commit	s the debt? C 1 only 2 only 1 and Debtor 2 cone of the deb if this claim re	tate & Zip Code heck one. only tors and another lates to a	☐ Unliquidated ☐ Disputed Nature of lien. Check all that apply. ☐ An agreement you made (such as car loan) ☐ Statutory lien (such as tax lien, medical or such a	echanic's lien) PMSI	ured		
Plan Numb Who owes Debtor 2 Debtor 2 Debtor 3 Check is commit	ser, Street, City, Set he debt? Conly 2 only 1 and Debtor 2 one of the debtif this claim reunity debt	tate & Zip Code heck one. only tors and another lates to a	 Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as car loan) Statutory lien (such as tax lien, mode) Judgment lien from a lawsuit Other (including a right to offset) 	echanic's lien) PMSI	ured		
Plan Numb Who owes Debtor 7 Debtor 7 Debtor 7 At least Check i common	s the debt? C 1 only 2 only 1 and Debtor 2 2 one of the deb if this claim re unity debt was incurred	tate & Zip Code heck one. only tors and another lates to a	 Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as car loan) Statutory lien (such as tax lien, mode) Judgment lien from a lawsuit Other (including a right to offset) 	echanic's lien) PMSI nber 1001	ured \$7,93	21 00	

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Write that number here:

Fill in this i	nformation to identify your case:						
Debtor 1	Gerrick Lamont Hale						
20010.		Middle Name Last Nam	ie				
Debtor 2	Emily Rachel Hale						
(Spouse if, filing) First Name	Middle Name Last Nam	е				
United State	es Bankruptcy Court for the: SOUT	THERN DISTRICT OF OHIO					
Case numb	er						
(if known)						heck if this is a	an
					a	mended filing	
Official F	Form 106E/F						
	le E/F: Creditors Who H	ave Unsecured Claim	s			12/1	5
any executory Schedule G: I Schedule D: (left. Attach th	te and accurate as possible. Use Part 1 y contracts or unexpired leases that cou Executory Contracts and Unexpired Lea Creditors Who Have Claims Secured by e Continuation Page to this page. If you se number (if known).	ld result in a claim. Also list execute ses (Official Form 106G). Do not incl Property. If more space is needed, co	ory contract ude any cre opy the Part	ts on Schedule A/B: editors with partially t you need, fill it out	Property (Officing secured claims number the en	al Form 106A/B) that are listed i tries in the boxe) and on n es on the
Part 1: L	ist All of Your PRIORITY Unsecure	d Claims					
1. Do any o	reditors have priority unsecured claims	against you?					
☐ No. G	to to Part 2.						
Yes.							
identify w possible,	f your priority unsecured claims. If a cre that type of claim it is. If a claim has both p list the claims in alphabetical order accord more than one creditor holds a particular of	riority and nonpriority amounts, list that ing to the creditor's name. If you have r	claim here a	and show both priority	and nonpriority a	amounts. As muc	h as
(For an e	xplanation of each type of claim, see the ir	structions for this form in the instruction	booklet.)	Total claim	Priority	Nonnrio	ri4.,
				TOTAL CIAIIII	amount	Nonprio amount	ity
2.1 Inte	ernal Revenue Service	Last 4 digits of account number	6371	\$540.9	9 \$54	0.99	\$0.00
	rity Creditor's Name		0010		<u> </u>		
	ntralized Insolvency erations	When was the debt incurred?	2012				
	Box 7346						
Phi	ladelphia, PA 19101-7346						
	ber Street City State Zlp Code	As of the date you file, the claim	is: Check a	all that apply			
Who in	curred the debt? Check one.	☐ Contingent					
■ Deb	tor 1 only	☐ Unliquidated					
☐ Deb	tor 2 only	☐ Disputed					
☐ Deb	tor 1 and Debtor 2 only	Type of PRIORITY unsecured cl	aim:				
☐ At le	east one of the debtors and another	☐ Domestic support obligations					
☐ Che	ck if this claim is for a community debt	■ Taxes and certain other debts	you owe the	government			
	laim subject to offset?	Claims for death or personal in	•	•			
■ No		Other. Specify					
☐ Yes		Federal Ta	x Liabili	ty			

Debtor 2 Emily Rachel Hale		Case num	ber (if know)		
2.2 Internal Revenue Service	Last 4 digits of account number	see ssn	\$100.00	\$100.00	\$0.00
Priority Creditor's Name Centralized Insolvency Operations PO Box 7346 Philadelphia, PA 19101-7346	When was the debt incurred?	2016			
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all tha	at apply		
Who incurred the debt? Check one. ☐ Debtor 1 only	☐ Contingent				
	Unliquidated				
Debtor 2 only	Disputed				
■ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cla	nim:			
At least one of the debtors and another	☐ Domestic support obligations				
Check if this claim is for a community debt	■ Taxes and certain other debts y	J			
Is the claim subject to offset?	☐ Claims for death or personal inj	ury while you we	ere intoxicated		
☐ Yes	Other. Specify Federal tax	(liability			
	1 000101107				
2.3 Ohio Department of Taxation	Last 4 digits of account number		\$1,034.92	\$1,034.92	\$0.00
Priority Creditor's Name Bankruptcy Division P.O. Box 530	When was the debt incurred?	2015			
Columbus, OH 43216 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all tha	at apply		
Who incurred the debt? Check one.	☐ Contingent				
☐ Debtor 1 only	☐ Unliquidated				
Debtor 2 only	☐ Disputed				
■ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cla	im:			
☐ At least one of the debtors and another	☐ Domestic support obligations				
☐ Check if this claim is for a community debt	Taxes and certain other debts y	ou owe the gove	ernment		
Is the claim subject to offset?	Claims for death or personal inj	ury while you we	ere intoxicated		
No	Other. Specify				
Yes	State tax li	ability			
2.4 Rachael Hale Priority Creditor's Name	Last 4 digits of account number		\$0.00	\$0.00	\$0.00
c/o Franklin County CSEA 80 E. Fulton Street Columbus, OH 43215	When was the debt incurred?	2014			
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all tha	at apply		
Who incurred the debt? Check one.	☐ Contingent				
Debtor 1 only	☐ Unliquidated				
Debtor 2 only	☐ Disputed				
☐ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cla	ıim:			
\square At least one of the debtors and another	■ Domestic support obligations				
\square Check if this claim is for a community debt	☐ Taxes and certain other debts y	ou owe the gove	ernment		
Is the claim subject to offset?	☐ Claims for death or personal inj	ury while you we	ere intoxicated		
■ No	Other. Specify				

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

 \square No. You have nothing to report in this part. Submit this form to the court with your other schedules.

Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority

th	secured claim, list the creditor separately for each cl an one creditor holds a particular claim, list the other ort 2.			
				Total claim
.1	Aargon Collection Agen	Last 4 digits of account number	9286	\$54.00
	Nonpriority Creditor's Name 8668 Spring Mountain Rd Las Vegas, NV 89117	When was the debt incurred?	12/15	-
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	■ Other. Specify Djo Global		_
.2	Ad Astra Recovery Serv	Last 4 digits of account number	0578	\$1,675.00
	Nonpriority Creditor's Name		0376	\$1,075.00
	7330 W 33rd St N Ste 118	When was the debt incurred?	07/17	_
	Wichita, KS 67205 Number Street City State Zlp Code	As of the date you file, the claim i	is: Check all that apply	
	Who incurred the debt? Check one.	,	эт этгэ эргэ	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Speedycas	h.Com 166-Oh	_
.3	Ad Astra Recovery Serv	Last 4 digits of account number	6914	\$317.00
	Nonpriority Creditor's Name	_		***
	7330 W 33rd St N Ste 118 Wichita, KS 67205	When was the debt incurred?	11/16	-
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	Пол		
	■ Debtor 2 only	☐ Contingent		
		I I I I all and all all all all all all all all all al		

debt

■ No

☐ Yes

Type of NONPRIORITY unsecured claim:

■ Other. Specify Speedycash.Com

 $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

☐ Disputed

☐ Student loans

report as priority claims

Debtor 1 and Debtor 2 only

Is the claim subject to offset?

☐ At least one of the debtors and another

☐ Check if this claim is for a community

	r 2 Emily Rachel Hale	Case number (if know)	
4.4	Allstate Career Inc	Last 4 digits of account number	\$2,214.52
	Nonpriority Creditor's Name c/o Weltman, Weinberg & Reis 3705 Marlane Drive	When was the debt incurred? 2015	
	Grove City, OH 43123 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	По	
	Debtor 2 only	Contingent	
	<u> </u>	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	□ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Collection	
4.5	Always Pay Day Nonpriority Creditor's Name	Last 4 digits of account number See SSN	\$600.00
	PO Box 12700 Columbus, OH 43212	When was the debt incurred? 2017	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	☐ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify cash advance	
4.6	Amcol Systems Inc	Last 4 digits of account number 3438	\$65.00
	Nonpriority Creditor's Name 111 Lancewood Rd Columbia, SC 29210	When was the debt incurred? 10/16	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	\square Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Osu Physicians Inc	

	Emily Rachel Hale		Case number (if know)	
4.7	Apex Counseling Service	Last 4 digits of account number	7995	\$142.60
	Nonpriority Creditor's Name 5310 E. Main Street Suite 102	When was the debt incurred?		
	Columbus, OH 43213-2598	_		
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	_		
	☐ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	□Yes	Other. Specify Medical		
4.8	Barclays Bank Delaware	Last 4 digits of account number	2504	\$2,307.00
	Nonpriority Creditor's Name Po Box 8803	When was the debt incurred?	5/14	
	Wilmington, DE 19899 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	,,,,,	от	
	Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	ng plans, and other similar debts	
	□Yes	Other Specify Credit Card	<u> </u>	
4.9	Capital One	Last 4 digits of account number	5306	\$1,261.00
	Nonpriority Creditor's Name 15000 Capital One Dr	When was the debt incurred?	3/14	
	Richmond, VA 23238 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	, , , , , , , , , , , , , , , , , , , ,		
	Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	<u></u>	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	or plans, and other similar debts	
	Yes	Other. Specify Credit Card	1	

Cavalry Portfolio Serv	Last 4 digits of account number	7483	\$951.00
Nonpriority Creditor's Name Po Box 27288	When was the debt incurred?	2/17	
Гетре, AZ 85285			
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt s the claim subject to offset?	☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
- No	Debts to pension or profit-sharin	g plans, and other similar debts	
Yes	Other. Specify Synchrony	Bank	
Credit First N A	Last 4 digits of account number	7303	\$571.00
Nonpriority Creditor's Name 6275 Eastland Rd	When was the debt incurred?	9/13	Ψοι ιισο
Brookpark, OH 44142 Number Street City State Zlp Code	As of the date you file, the claim i	e. Chack all that apply	
Who incurred the debt? Check one.	As of the date you me, the claim	s. Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt s the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify Charge Acc	count	
Credit Firt National Association	Last 4 digits of account number	7303	\$571.12
Nonpriority Creditor's Name			
PO Box 81315 Cleveland, OH 44181-0315	When was the debt incurred?	2016	
Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
Check if this claim is for a community	☐ Student loans		
debt s the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
No	Debts to pension or profit-sharin	g plans, and other similar debts	
	■ Other. Specify Credit card		

	or 1 Gerrick Lamont Hale or 2 Emily Rachel Hale		Case number (if know)	
4.1 3	Credit Management Lp	Last 4 digits of account number	4751	\$165.00
	Nonpriority Creditor's Name 4200 International Pkwy	When was the debt incurred?	4/17	
	Carrollton, TX 75007 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Wow Intern	et Cable Service	
4.1 4	Directv	Last 4 digits of account number	4435	\$49.21
<u></u>	Nonpriority Creditor's Name c/o Afni Inc. PO Box 3517	When was the debt incurred?		
	Bloomington, IL 61702-3517 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is	s: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	Other. Specify Collection		
4.1 5	Ecmc Nonpriority Creditor's Name	Last 4 digits of account number	0002	\$7,182.00
	111 Washington Ave S Ste Minneapolis, MN 55401	When was the debt incurred?	4/2016	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharing	g plans, and other similar debts	
	Πvos	Other Specify		

Educational Us Bank Na

Enhanced Recovery Co L	Last 4 digits of account number	4348	\$59.00
Nonpriority Creditor's Name 8014 Bayberry Rd Jacksonville, FL 32256	When was the debt incurred?	9/15	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
Check if this claim is for a community	Student loans		
lebt s the claim subject to offset?	Obligations arising out of a sepa report as priority claims	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify At T U-Vers	se	
First Premier Bank	Last 4 digits of account number	8001	\$437.00
Nonpriority Creditor's Name 601 S Minnesota Ave Sioux Falls, SD 57104	When was the debt incurred?	4/14	
Number Street City State ZIp Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community lebt s the claim subject to offset?		aration agreement or divorce that you did not	
No	report as priority claims Debts to pension or profit-sharin	or plans, and other similar debts	
■ No Yes	■ Other. Specify Credit Card		
			44.000.40
Gerber Life Insurance Nonpriority Creditor's Name	Last 4 digits of account number	8362	\$1,628.43
445 State Street Fremont, MI 49412	When was the debt incurred?		
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community debt	☐ Student loans		
Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	aration agreement or divorce that you did not	
No	\square Debts to pension or profit-sharin	g plans, and other similar debts	
□ Yes	Other. Specify Loan		

Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes □ Other. Specify □ Check if this claim is for a community debt □ Obligations arising out of report as priority claims □ Debts to pension or profit □ Yes □ Other. Specify □ Cash a Last 4 digits of account number of the debt incurred specific incurred the debt? Check one. □ As of the date you file, the	d? 2017	\$650	
When was the debt incurred Hays, MT 59527 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No No Debtor 1 only Contingent Disputed Type of NONPRIORITY unsubstruction of NonPriority claims Check if this claim is for a community debt Student loans Debts to pension or profit Other. Specify Cash at 1 C System Inc Nonpriority Creditor's Name Po Box 64378 Saint Paul, MN 55164 Number Street City State Zlp Code Who incurred the debt? Check one.	claim is: Check all that apply		
Number Street City State ZIp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No No Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsubstitute to offset? Student loans Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsubstitute to obligations arising out of report as priority claims Debts to pension or profit of the debt incurred the debt? Check one. I C System Inc Nonpriority Creditor's Name Po Box 64378 Saint Paul, MN 55164 Number Street City State ZIp Code Who incurred the debt? Check one.	,		
□ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes □ Other. Specify □ Cash a I C System Inc Nonpriority Creditor's Name Po Box 64378 Saint Paul, MN 55164 Number Street City State Zlp Code Who incurred the debt? Check one.	ecured claim:		
□ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes □ Other. Specify □ Cash a I C System Inc Nonpriority Creditor's Name Po Box 64378 Saint Paul, MN 55164 Number Street City State Zlp Code Who incurred the debt? Check one.	ecured claim:		
□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes □ Other. Specify □ Cash a I C System Inc □ Nonpriority Creditor's Name Po Box 64378 Saint Paul, MN 55164 Number Street City State Zlp Code Who incurred the debt? Check one. □ Disputed Type of NONPRIORITY unsubstudent of the student loans □ Obligations arising out of report as priority claims □ Debts to pension or profit □ Cash a When was the debt incurred As of the date you file, the	ecured claim:		
□ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes □ Other. Specify	ecured claim:		
□ Check if this claim is for a community debt Is the claim subject to offset? □ Obligations arising out of report as priority claims □ Debts to pension or profit □ Yes □ Other. Specify			
debt Is the claim subject to offset? ■ No □ Debts to pension or profit □ Yes □ Other. Specify			
I C System Inc Nonpriority Creditor's Name Po Box 64378 Saint Paul, MN 55164 Number Street City State Zlp Code Who incurred the debt? Check one.	a separation agreement or divorce that you did not		
I C System Inc Nonpriority Creditor's Name Po Box 64378 Saint Paul, MN 55164 Number Street City State Zlp Code Who incurred the debt? Check one.	sharing plans, and other similar debts		
Nonpriority Creditor's Name Po Box 64378 Saint Paul, MN 55164 Number Street City State Zlp Code Who incurred the debt? Check one.	dvance		
Nonpriority Creditor's Name Po Box 64378 Saint Paul, MN 55164 Number Street City State Zlp Code Who incurred the debt? Check one.	mber 0001	\$82	
Saint Paul, MN 55164 Number Street City State Zlp Code Who incurred the debt? Check one.			
Number Street City State Zlp Code As of the date you file, the Who incurred the debt? Check one. —	d? 9/14		
Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
_	Statin 13. Officer all that apply		
■ Debtor 1 only ☐ Contingent			
□ Debtor 2 only □ Unliquidated			
□ Debtor 1 and Debtor 2 only □ Disputed			
☐ At least one of the debtors and another Type of NONPRIORITY uns	ecured claim:		
☐ Check if this claim is for a community ☐ Student loans			
	a separation agreement or divorce that you did not		
	sharing plans, and other similar debts		
☐ Yes ☐ Other. Specify Att U-	Verse		
Jefferson Capital Syst Last 4 digits of account nu	_{mber} 7003	\$897	
Nonpriority Creditor's Name 16 Mcleland Rd When was the debt incurre	d? 1/17		
Saint Cloud, MN 56303 Number Street City State Zlp Code As of the date you file, the	claim is: Check all that apply		
Who incurred the debt? Check one.	, , , , , , , , , , , , , , , , , , ,		
☐ Debtor 1 only ☐ Contingent			
■ Debtor 2 only ☐ Unliquidated			
□ Debtor 1 and Debtor 2 only □ Disputed			
•	Type of NONPRIORITY unsecured claim: ☐ Student loans		
<u> </u>			
debt ☐ Obligations arising out of			
Is the claim subject to offset? report as priority claims ■ No □ Debts to pension or profit	a separation agreement or divorce that you did not		

☐ Yes

Other. Specify Gem Account

Jones Law Group	Last 4 digits of account number 5067	\$8
Nonpriority Creditor's Name	When we the debt in surred 0	
513 E Rich St. Columbus, OH 43215	When was the debt incurred?	
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
☐ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
■ Debtor 1 and Debtor 2 only	□ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify Collection	
K. Jordan DMS	Last 4 digits of account number 3298	\$
Nonpriority Creditor's Name		
c/o Chase Receivables	When was the debt incurred?	
1247 Broadway		
Sonoma, CA 95476-7503 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	ne et alle get me, me etamilier eneok an makappiy	
☐ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
■ Debtor 1 and Debtor 2 only	<u> </u>	
_	☐ Disputed Type of NONPRIORITY unsecured claim:	
At least one of the debtors and another	Student loans	
☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	Other. Specify Collection	
M. J. O A		
Meade & Associates Nonpriority Creditor's Name	Last 4 digits of account number	\$2
737 Enterprise Drive Lewis Center, OH 43035	When was the debt incurred? 2016	
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
■ Debtor 1 and Debtor 2 only	□ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other. Specify Dasco Medical Equipment	

Emily Rachel Hale		Case number (if know)			
Mercantile Adjmnt Bur	Last 4 digits of account number	2938	\$2,071.0		
Nonpriority Creditor's Name 165 Lawrence Bell Dr Ste Buffalo, NY 14221	When was the debt incurred?	12/15			
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply			
Debtor 1 only	☐ Contingent				
☐ Debtor 2 only	☐ Unliquidated				
☐ Debtor 1 and Debtor 2 only	☐ Disputed				
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
☐ Check if this claim is for a community	☐ Student loans				
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not			
■ No	Debts to pension or profit-sharing	g plans, and other similar debts			
Yes	Other. Specify AEP				
Merrick Bank Corp	Last 4 digits of account number	2812	\$372.00		
Nonpriority Creditor's Name Po Box 9201 Old Bethpage, NY 11804	When was the debt incurred?	2/14			
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply			
☐ Debtor 1 only	☐ Contingent				
■ Debtor 2 only	☐ Unliquidated				
☐ Debtor 1 and Debtor 2 only	☐ Disputed				
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
☐ Check if this claim is for a community	☐ Student loans				
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not			
■ No	Debts to pension or profit-sharing	g plans, and other similar debts			
Yes	Other. Specify Credit Card	<u> </u>			
Midland Funding	Last 4 digits of account number	5927	\$579.00		
Nonpriority Creditor's Name 2365 Northside Dr Ste 30	When was the debt incurred?	1/17	· · · · · · · · · · · · · · · · · · ·		
San Diego, CA 92108 Number Street City State Zlp Code	As of the date you file, the claim i	s. Chack all that apply			
Who incurred the debt? Check one.	710 of the date you me, the claim.	o. Oncok an that apply			
☐ Debtor 1 only	☐ Contingent				
■ Debtor 2 only	☐ Unliquidated				
☐ Debtor 1 and Debtor 2 only	☐ Disputed				
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
☐ Check if this claim is for a community	☐ Student loans				
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not			
No	Debts to pension or profit-sharing	g plans, and other similar debts			
□Yes	■ Other. Specify Synchrony	Bank			

Debto Debto	r 1 Gerrick Lamont Hale r 2 Emily Rachel Hale	Case number (if know)	
4.2	Montgomery Ward	Last 4 digits of account number 6290	\$396.00
	Nonpriority Creditor's Name		
	1112 7th Ave Monroe, WI 53566	When was the debt incurred? 12/15	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	, , , , , , , , , , , , , , , , , , , ,	
	☐ Debtor 1 only		
	■ Debtor 2 only	☐ Contingent ☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Charge Account	
4.2	Nationwide Children's Hospital	Last 4 digits of account number 0917	\$300.00
	Nonpriority Creditor's Name		 -
	Collection Department 700 Children's Drive	When was the debt incurred? 2017	
	Columbus, OH 43205-2696		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Medical	
4.3	Oriental Martial Arts College	Last 4 digits of account number	\$3,000.00
	Nonpriority Creditor's Name		<u>-</u>
	1349 Brice Road	When was the debt incurred?	
	Reynoldsburg, OH 43068 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	, and the same for the same of the same and the same same same same same same same sam	
	Debtor 1 only	☐ Contingent	
	■ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	■ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
		Educational	

	tor 2 Emily Rachel Hale	Case number (if know)	
4.3	Pathology Laboratories Inc.	Last 4 digits of account number	\$58.00
1	Nonpriority Creditor's Name 1946 N. 13th St. Suite 301	When was the debt incurred?	
	Toledo, OH 43604		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	☐ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Medical	
4.3	Plain Green	Last 4 digits of account number 9035	\$1,423.00
2	Nonpriority Creditor's Name	Last 4 digits of account number 9035	\$1,423.00
	93 Mack Road Suite 600	When was the debt incurred? 4/2016	
	Box Elder, MT 59521	As of the date you file, the claim is: Check all that apply	
	Number Street City State Zlp Code Who incurred the debt? Check one.		
	Debtor 1 only		
	<u> </u>	☐ Contingent	
	Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans	
	☐ Check if this claim is for a community debt		
	Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Credit Card	
4.3			
3	Publisher's Clearing House	Last 4 digits of account number 8131	\$74.37
	Nonpriority Creditor's Name c/o North Shore Agency	When was the debt incurred?	
	2700 Spagnoli Road, Suite 110		
	Melville, NY 11747		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only		
	Debtor 2 only	Contingent	
	<u> </u>	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:	
	☐ At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	$\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Collection	

	or 2 Emily Rachel Hale		Case number (if know)	
4.3 4	Silver Cloud Financial	Last 4 digits of account number	see ssn	\$741.00
	Nonpriority Creditor's Name 635 State Hwy 20	When was the debt incurred?	2017	
	Upper Lake, CA 95485 Number Street City State Zlp Code		0	
	Who incurred the debt? Check one.	As of the date you file, the claim i	s: Cneck all that apply	
	Debtor 1 only			
	Debtor 2 only	☐ Contingent		
	_	Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed	L.L.C.	
	At least one of the debtors and another	Type of NONPRIORITY unsecured	i ciaim:	
	☐ Check if this claim is for a community debt	Student loans		
	Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	☐ Yes	Other. Specify Cash Adva		
	— 163	Other. Specily Cash Advan		
4.3 5	Team Recovry	Last 4 digits of account number	8977	\$1,013.00
	Nonpriority Creditor's Name 3928 Clock Pointe Trail Stow, OH 44224	When was the debt incurred?	10/2016	
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?		ration agreement or divorce that you did not	
	<u> </u>	report as priority claims	and an and ather similar data.	
	■ No	Debts to pension or profit-sharin	• •	
	Yes	Other. Specify Akron Child	dren S Hospital E	
4.3	The Ohio State University	Last 4 digits of account number	EA59	\$4,000.00
6	Nonpriority Creditor's Name			Ψ 1,000.00
	250 Lincoln Tower 1800 Cannon Drive	When was the debt incurred?	8/2012	
	Columbus, OH 43210-1230			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	_	☐ Unliquidated		
	Debtor 2 only	<u> </u>		
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured	l claim:	
	At least one of the debtors and another	<u></u> '	i ciaiiii.	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharin	g plans, and other similar debts	
	■ No □ Yes		g p	
	☐ res	Other. Specify		
		Medical		

	Emily Rachel Hale		Case number (if know)					
4.3	U S Dept Of Ed/GsI/AtI	Last 4 digits of account number	1009	\$31,475.00				
	Nonpriority Creditor's Name Po Box 4222 Iowa City, IA 52244	When was the debt incurred?	2009					
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply					
	Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:					
	☐ Check if this claim is for a community	Student loans						
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not					
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts					
	☐ Yes	Other. Specify						
	Educational							
4.3 8	Us Dept Of Ed/gleIsi Nonpriority Creditor's Name	Last 4 digits of account number	7581	\$130,368.00				
	Po Box 7860 Madison, WI 53707	When was the debt incurred?	Opened 11/16 Last Active 1/31/18					
	Number Street City State Zlp Code	As of the date you file, the claim i	is: Check all that apply					
	Who incurred the debt? Check one.	,						
	☐ Debtor 1 only	☐ Contingent						
	■ Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:					
	☐ Check if this claim is for a community	Student loans						
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not					
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts					
	☐ Yes	Other. Specify						
		Educationa	ıl					
4.3 9	Verizon Wireless	Last 4 digits of account number	multiple accounts	\$2,521.00				
	Nonpriority Creditor's Name Po Box 650051 Dallas, TX 75265	When was the debt incurred?	5/2013					
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply					
	Who incurred the debt? Check one.							
	☐ Debtor 1 only	ebtor 1 only						
	☐ Debtor 2 only							
	■ Debtor 1 and Debtor 2 only	☐ Disputed						
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:					
	Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not					
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts					
	Yes	■ Other. Specify Cell Phone						

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

	Gerrick L Emily Rad	amont Hale chel Hale		Case n	number (if know)	
have mor	e than one o			additional cre	creditors here. If you do not have additional persons to b	ie
Name and A Ad Astra 7330 W 3	Address Recovery 33rd St. N	y Serv Ste 118	On which entry in Part 1 or Part 2 did Line 4.3 of (Check one):	☐ Part 1: 0	original creditor? : Creditors with Priority Unsecured Claims : Creditors with Nonpriority Unsecured Claims	
wichita,	KS 67205		Last 4 digits of account number			
Name and A AmCol S P.O. Box Columbia	ystems	21	On which entry in Part 1 or Part 2 did Line 4.36 of (Check one): Last 4 digits of account number	☐ Part 1: 0	original creditor? : Creditors with Priority Unsecured Claims : Creditors with Nonpriority Unsecured Claims	
PO Box 1	own Stree		On which entry in Part 1 or Part 2 did Line 4.12 of (Check one): Last 4 digits of account number	☐ Part 1: 0	original creditor? : Creditors with Priority Unsecured Claims : Creditors with Nonpriority Unsecured Claims	
10750 Ha	Address ent Outso ammerly E , TX 77043	Blvd #200	On which entry in Part 1 or Part 2 did Line 4.17 of (Check one): Last 4 digits of account number	☐ Part 1: 0	original creditor? : Creditors with Priority Unsecured Claims : Creditors with Nonpriority Unsecured Claims	
-	Address tour Run l		On which entry in Part 1 or Part 2 did Line 4.36 of (Check one): Last 4 digits of account number	☐ Part 1: 0	original creditor? : Creditors with Priority Unsecured Claims : Creditors with Nonpriority Unsecured Claims	
P.O. Box	System o		On which entry in Part 1 or Part 2 did Line 4.31 of (Check one): Last 4 digits of account number	☐ Part 1: 0	original creditor? : Creditors with Priority Unsecured Claims : Creditors with Nonpriority Unsecured Claims	
Collectio Attn:Ban 150 E. Ga	orney Ger ons Enford	ement, st Floor	On which entry in Part 1 or Part 2 did Line 2.3 of (Check one): Last 4 digits of account number	■ Part 1: 0	original creditor? : Creditors with Priority Unsecured Claims : Creditors with Nonpriority Unsecured Claims	
P.O. Box	& Cohen A	Associates, Ltd	On which entry in Part 1 or Part 2 did Line 4.26 of (Check one): Last 4 digits of account number	☐ Part 1: 0	original creditor? : Creditors with Priority Unsecured Claims : Creditors with Nonpriority Unsecured Claims	
1309 Tec	Address Group In Chnology V	Nay	On which entry in Part 1 or Part 2 did Line 4.39 of (Check one): Last 4 digits of account number	☐ Part 1: 0	original creditor? : Creditors with Priority Unsecured Claims : Creditors with Nonpriority Unsecured Claims	
6. Total the				cal reporting	g purposes only. 28 U.S.C. §159. Add the amounts for ea	 ach
Tota	6a.	Domestic support obligat	ions	6a.	Total Claim \$ 0.00	
claims from Part	s		ebts you owe the government nal injury while you were intoxicated	6b. 6c.	\$	

Debtor 1	Gerrick Lamont Hale
Debtor 2	Emily Rachel Hale

Case number (if know)

	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	1,675.91
Total	6f.	Student loans	6f.	\$	Total Claim 176,025.00
claims from Part 2	6g. 6h. 6i.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Add all other nonpriority unsecured claims. Write that amount here.	6g. 6h. 6i.	\$ \$ \$	0.00 0.00 25,313.55
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	201,338.55

Fill in this information to identify your case:							
Debtor 1	Gerrick Lamont F	lale					
	First Name	Middle Name	Last Name				
Debtor 2	Emily Rachel Hale	e					
(Spouse if, filing)	First Name	Middle Name	Last Name				
United States Bar	nkruptcy Court for the:	SOUTHERN DISTRICT	OF OHIO				
Case number						Check if this is an	
						amended filing	

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

ı	Person or	company with Name, Number	whom you have th r, Street, City, State and ZIF	e contract or lease	State what the contract or lease is for
.1					
	Name				
	Number	Street			
	City		State	ZIP Code	<u> </u>
.2					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.3					
	Name				
	Number	Street			
	City		State	ZIP Code	_
.4					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	
2.5	,		<u> </u>		
	Name				_
	Number	Street			
	City		State	ZIP Code	<u> </u>

Fill in this inf	ormation to identify your o	ase:			
Debtor 1	Gerrick Lamont H				
Dobtor 2	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	Emily Rachel Hale	Middle Name	Last Name		
United States	Bankruptcy Court for the:	SOUTHERN DISTRIC	T OF OHIO		
Case number					
(if known)					Check if this is an amended filing
Official E	Form 106H				
Schedu	le H: Your Code	eptors			12/15
1. Do you	ı have any codebtors? (If y	ou are filing a joint case,	do not list either spouse	as a codebtor.	
■ No □ Yes					
	the last 8 years, have you California, Idaho, Louisiana,				states and territories include
= 11 0					
■ No. Go	ito line 3. id your spouse, former spou	se or legal equivalent liv	e with you at the time?		
□ 165. DI	ia your spouse, former spou	se, or legal equivalent liv	e with you at the time?		
in line 2 a Form 106 out Colur	again as a codebtor only if ED), Schedule E/F (Official	that person is a guarai	ntor or cosigner. Make	sure you have listed the 16G). Use Schedule D, So	with you. List the person shown creditor on Schedule D (Officia chedule E/F, or Schedule G to fil itor to whom you owe the debt
	e, Number, Street, City, State and ZIF	Code		Check all schedules	
3.1				☐ Schedule D, line	
Nam	ne			□ Schedule E/F, line	 e
				☐ Schedule G, line	
Num City	ber Street	State	ZIP Code		
3.2				□ Cohedula D. Far	
Nam	ne			☐ Schedule D, line ☐ Schedule E/F, line	
				☐ Schedule G, line	
Num	lber Street			_	
City	2.001	State	ZIP Code		

Fill	in this information t	o identify your c	ase:					
De	btor 1	Gerrick Lam	ont Hale					
Debtor 2 Emily Rachel Hale (Spouse, if filing)								
United States Bankruptcy Court for the: SOUTHERN DISTRIC					HIO			
Case number (If known)					□ A		•	
	fficial Form					N	MM / DD/	YYYY
_	chedule I:							12/15 oth are equally responsible for
spo atta	ouse. If you are sep ich a separate shee	parated and you	ır spouse is not filing wi	th you,	do not include information	on abou	t your sp	lude information about your ouse. If more space is needed, known). Answer every question.
1.	Fill in your emploinformation.	oyment		Debto	or 1		Debtor	2 or non-filing spouse
	If you have more		Employment status*	■ Em	nployed		■ Emp	loyed
	attach a separate information about		Employment status	□ No	t employed		□ Not €	employed
	employers.		Occupation	Prod	uction Technician 2		Social	Worker
	Include part-time, self-employed wo	•	Employer's name	West	-Ward Pharmaceutica	ls	The Of	nio State University
	Occupation may i or homemaker, if		Employer's address		ndustrial Way West ntown, NJ 07724		901 Wo 2nd Flo	l Services oody Hayes Drive oor bus, OH 43210
			How long employed the	here?	2 years *See Attachment for	Addition	_	6 months Dyment Information
Pa	rt 2: Give De	tails About Mor	nthly Income					
	imate monthly inco		ate you file this form. If	you have	e nothing to report for any I	ine, write	e \$0 in the	e space. Include your non-filing
	ou or your non-filing e space, attach a se			ombine th	ne information for all emplo	yers for	that pers	on on the lines below. If you need
						For Del	btor 1	For Debtor 2 or

non-filing spouse **List monthly gross wages, salary, and commissions** (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 4,365.80 2,185.40 2. Estimate and list monthly overtime pay. 0.00 0.00 3. +\$ 3. Calculate gross Income. Add line 2 + line 3. 2,185.40 4,365.80

Case number (if known)

			For	Debtor 1		ebtor 2 or iling spouse	
	Copy line 4 here	4.	\$	2,185.40	\$	4,365.80	
5.	List all payroll deductions:						
	5a. Tax, Medicare, and Social Security deductions	5a.	\$	395.40	\$	461.70	
	5b. Mandatory contributions for retirement plans	5b.	\$	0.00	\$	434.60	
	5c. Voluntary contributions for retirement plans	5c.	\$	0.00	\$	0.00	
	5d. Required repayments of retirement fund loans	5d.	\$	0.00	\$	0.00	
	5e. Insurance	5e.	\$	0.00	\$	283.10	
	5f. Domestic support obligations	5f.	\$	408.00	\$	0.00	
	5g. Union dues	5g.	\$	0.00	\$	0.00	
	5h. Other deductions. Specify: Life Insurance	_ 5h.+	\$_	0.00	- \$	17.60	
	Parking	_	\$_	0.00	\$	21.40	
	Disability	_	\$	0.00	\$	19.30	
6.	Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$_	803.40	\$	1,237.70	
7.	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	1,382.00	\$	3,128.10	
8.	List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	0.00	
	8b. Interest and dividends	8b.	\$ -	0.00	\$ 	0.00	
	8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	Ψ_ \$	0.00	\$ \$	100.00	
	8d. Unemployment compensation	8d.	\$_	0.00	\$	0.00	
	8e. Social Security	8e.	\$	0.00	\$	0.00	
	8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$	0.00	
	8g. Pension or retirement income	 8g.	\$	0.00	\$	0.00	
	8h. Other monthly income. Specify: Net Income from Part-time Job	8h.+	\$	0.00	\$	400.00	
9.	Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	500.00	
10.	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		1,382.00 + \$_	3,62	8.10 = \$ 5,0	10.10
11.	State all other regular contributions to the expenses that you list in <i>Schedule</i> Include contributions from an unmarried partner, members of your household, your other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not a Specify:	depend				hedule J. 11. +\$	0.00
12.	Add the amount in the last column of line 10 to the amount in line 11. The residual Write that amount on the Summary of Schedules and Statistical Summary of Certain applies					12. \$ 5,0	10.10
		_				Combined monthly inc	ome

13. Do you expect an increase or decrease within the year after you file this form?

☐ No.

Yes. Explain:

Debtor is currently receiving disability through his employer. This income is expected to continue until April 1st. Starting in month 3, Debtor will net \$1450.00 per month. 401k loan to end in 19 months from filing but not being paid while debtor is on dissability. (monthly payment 55.48)

Debtor 1	Gerrick Lamont Hale	
Debtor 2	Emily Rachel Hale	Case number (if known)

Official Form B 6I Attachment for Additional Employment Information

Spouse		
Occupation		
Name of Employer	Ultipro	
How long employed	3 weeks	
Address of Employer	2085 Citygate Drive	
	Columbus, OH 43219	

Fill	in this informa	ition to identify yo	our case:					
Deb	tor 1	Gerrick Lam	ont Hale			Checl	k if this is:	
Date	40					_	An amended filing	ota a manata attita a labarata a
	tor 2 ouse, if filing)	Emily Rache	I Hale					ving postpetition chapter the following date:
Unit	ed States Bankr	ruptcy Court for the	SOUTH	IERN DISTRICT OF OHIC)	<u>-</u>	MM / DD / YYYY	
Cas	e number							
1	nown)							
\bigcirc	fficial Fo	orm 106J				'		
		J: Your	 Exper	ISES				12/1
Be info	as complete ormation. If m	and accurate as	possible. eded, atta	. If two married people a ch another sheet to this	re filing together, be form. On the top of	oth are equa any additio	illy responsible fo nal pages, write y	or supplying correct
Par 1.	t 1: Descri	ribe Your House	hold					
١.	□ No. Go to							
	_	es Debtor 2 live i	n a separ	ate household?				
	■ N		•					
			st file Offici	al Form 106J-2, Expense	s for Separate House	ehold of Debte	or 2.	
2.	Do you have	e dependents?	□ No					
	Do not list D Debtor 2.		Yes.	Fill out this information for each dependent	Dependent's relati		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents	names.			Son		10	Yes
					Son		13	□ No ■ Yes
								■ Yes □ No
					Son		16	■ Yes
								□ No
3.	Do your ext	oenses include	_					☐ Yes
Э.	expenses o	f people other ti	han 👝	No Yes				
	yourself and	d your depende	nts? ⊔	165				
exp	imate your ex		our bankrı	y Expenses uptcy filing date unless y y is filed. If this is a sup				
the		h assistance an		government assistance sluded it on <i>Schedule I:</i>			Your expe	enses
-								
4.		or home owners and any rent for the		ses for your residence. r lot.	Include first mortgage	e 4. \$		900.00
	If not include	led in line 4:						
	4a. Real e	estate taxes				4a. \$		0.00
		rty, homeowner's				4b. \$		50.00
		maintenance, re owner's associat		upkeep expenses		4c. \$ 4d. \$		100.00
5.				oominium dues our residence, such as ho	ome equity loans	4d. \$ 5. \$		0.00 0.00

			,	
6.	Utilities:			
٥.	6a. Electricity, heat, natural gas	6a.	\$	300.00
	6b. Water, sewer, garbage collection	6b.	\$	102.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	306.00
	6d. Other. Specify:	6d.	\$	0.00
7.	Food and housekeeping supplies		\$	995.10
8.	Childcare and children's education costs	8.	\$	250.00
9.	Clothing, laundry, and dry cleaning	9.	\$	300.00
10.	Personal care products and services	10.	\$	250.00
11.	Medical and dental expenses	11.	\$	100.00
12.	Transportation. Include gas, maintenance, bus or train fare.	12.	\$	500.00
13	Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	· ·	0.00
	Charitable contributions and religious donations	14.		
	Insurance.	14.	Ψ	0.00
15.	Do not include insurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insurance	15a.	\$	0.00
	15b. Health insurance	15b.	\$	0.00
	15c. Vehicle insurance	15c.	\$	140.00
	15d. Other insurance. Specify:	15d.	\$	0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.		• =====	
	Specify:	16.	\$	0.00
17.	Installment or lease payments:			
	17a. Car payments for Vehicle 1	17a.	·	0.00
	17b. Car payments for Vehicle 2	17b.		0.00
	17c. Other. Specify:	17c.		0.00
	17d. Other. Specify:	17d.	\$	0.00
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).	18.	\$	0.00
19	Other payments you make to support others who do not live with you.		\$	0.00
	Specify:	19.	—	0.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on Sched		our Income.	
	20a. Mortgages on other property	20a.		0.00
	20b. Real estate taxes	20b.	\$	0.00
	20c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
	20d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	20e. Homeowner's association or condominium dues	20e.	\$	0.00
21.	Other: Specify: Parking	21.	+\$	25.00
	Pet Expense		+\$	250.00
	Gym membership (health reasons)		+\$	22.00
00		_		
22.	Calculate your monthly expenses		\$	4 500 40
	22a. Add lines 4 through 21.		T	4,590.10
	22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
	22c. Add line 22a and 22b. The result is your monthly expenses.		\$	4,590.10
23.	Calculate your monthly net income.			
	23a. Copy line 12 (your combined monthly income) from Schedule I.	23a.		5,010.10
	23b. Copy your monthly expenses from line 22c above.	23b.	-\$	4,590.10
	22a Cubtract your monthly expenses from your monthly income			
	23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c.	\$	420.00
	The result is your monthly her income.	_00.		

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

NI_	
INO	

☐ Yes.

Explain here: Joint Debtor is expecting a baby in the summer. Household expenses are expected to change in addition to joint debtor going on maternity leave.

Fill in this ir	nformation to identify your	case:				
Debtor 1	Gerrick Lamont H	ale				
	First Name	Middle Name	Last N	ame		
Debtor 2	Emily Rachel Hale	•				
(Spouse if, filing)	First Name	Middle Name	Last N	ame		
United State	s Bankruptcy Court for the:	SOUTHERN DISTRIC	T OF OHIO			
Case numbe	er					
(if known)						Check if this is an amended filing
f two marrie You must file obtaining mo	ed people are filing together the this form whenever you file oney or property by fraud in th. 18 U.S.C. §§ 152, 1341, 1	, both are equally resp le bankruptcy schedule connection with a bar	onsible for sup	plying correct info	ormation. g a false statemer	nt, concealing property, or r imprisonment for up to 20
	Sign Below					
Did you	u pay or agree to pay some	one who is NOT an atto	orney to help y	ou fill out bankrup	tcy forms?	
■ No	0					
☐ Ye	es. Name of person					tcy Petition Preparer's Notice, d Signature (Official Form 119)
that the X /s/ Ger	penalty of perjury, I declare by are true and correct. Gerrick Lamont Hale rrick Lamont Hale nature of Debtor 1 February 28, 2018	that I have read the sur	X /	s/ Emily Rachel Hemily Rachel Hemily Rachel Hale	Hale e 2	nd
					•	

LBR Form 2016-1(b)

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF OHIO

In re:		Case No.
Gerrick Lamont Hale Emily Rachel Hale		Chapter 13
	Debtor(s)	Judge

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR AND APPLICATION FOR ALLOWANCE OF FEES IN CHAPTER 13 CASE

I. Disclosure

1.	Pursuant to 11 U.S.C. § 329(a) and Fed. R. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) at that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is follows:					
F	For legal services, I have agreed to accept	\$	3,700.00			
	Prior to the filing of this statement I have received		500.00			
	Balance Due	s	3,200.00			
2.	\$_310.00 of the filing fee has been paid.					
3.	The source of the compensation paid to me was:					
	■ Debtor □ Other (specify):					
4.	The source of compensation to be paid to me is:					
	■ Debtor □ Other (specify):					
5.	■ I have not agreed to share the above-disclosed compensation with any oth associates of my law firm.	er persons unless t	hey are members and/or			
	☐ I have agreed to share the above-disclosed compensation with another per of my law firm. A copy of the agreement, together with a list of the name attached.					

II. Application

- 6. I hereby apply for an allowance of fees in the amount set forth above. I understand and agree that the Court may approve, without itemization, an allowance of fees not to exceed \$3,700, for rendering the legal services set forth below. If I seek payment of fees in excess of \$3,700, I will file a separate application that sets forth the total amount of the fee requested, and that includes an itemization of all legal services performed, the amount and itemization of any expenses for which reimbursement is sought, the identification and hourly billing rate of any attorney, paralegal, or other professional person for whom fees are sought, and the actual time spend by the attorney, paralegal, or other professional person for whom fees are sought.
 - a. Initial client interview, preparation and signing of any retainer or representation agreement, analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether, and under what chapter, to file a petition in bankruptcy;
 - b. Advising the debtor concerning his or her obligations and duties pursuant to the Code, the Rules, the Local Rules, applicable court orders, and provisions of his or her chapter 13 plan;
 - c. Preparation and filing of any document required by § 521 of the Code, including Official Form 122C-1 and Official Form 122C-2 (if applicable), the petition, schedules, statement of financial affairs and any amendments thereto that may be required:
 - d. Preparation and filing of the chapter 13 plan and any preconfirmation amendments thereto that may be required; provided,

legal services performed relative to Paragraphs 5.4.1,5.4.2 and 5.4.3 of the chapter 13 plan are not covered by the no-look fee and may be compensated through a separate application for fees; however, in such event, no additional compensation will be allowed for the preparation and filing of a motion pursuant to Rule 5009(d).

- e. Preparation and filing of payroll orders and amended payroll orders, except amended payroll orders prepared in connection with the modification of a plan or the temporary suspension of payments;
- f. Representation of the debtor at the § 341 meeting of creditors and confirmation hearing, and at any adjournments thereof;
- g. Filing of address changes for the debtor;
- h. Review of claims;
- i. Review of notice of intention to pay claims;
- j. Preparation and filing of objections to non-real estate and non-tax claims, exclusive of any hearings;
- k. Preparation and filing of first motion to suspend or temporarily reduce plan payments;
- 1. Representation of the debtor in addressing any routine tax return or tax refund inquiries by the trustee, exclusive of any motion, objection, or hearing;
- m. Filing of a notice of final cure payment, when filed by the debtor, exclusive of any hearings;
- n. Preparation and filing of debtor's certification regarding issuance of discharge order;
- o. Routine phone calls and questions;
- p. File maintenance and routine case management; and
- q. Any other duty as required by local decision or policy.

Exemption planning, review of claims, objections to non-realestate, non-tax claims, filing of the first motion to suspend payments, filing of address changes, and filing of the certification regarding discharge.

- 7. By agreement with the debtor(s), the above-disclosed fee does not include the following services:
 - a. Preparation of conversions to another chapter, drafting of reaffirmation agreements (certification re undue hardship included);
 - b. Representation of the debtor(s) in any dischargeability actions, lien avoidances, relief from stay actions, or any other contested matters or adversary proceedings not specifically included in the "no look" fee by the local rules.

Debtor(s) agreed to pay \$250/hr for attorney time and \$75/hr for paralegal time billed in increments of .1 hr for fees not included in the flat-fee agreement.

February 28	2018

Date

/s/ Michael A. Cox

Michael A. Cox 0075218

Name
Guerrieri, Cox & Associates
2500 N. High Street
Suite 100
Columbus, OH 43202
(614) 267-2871
Fax: (614) 267-2873
lawyers@columbusdebtrelief.com
0075218 OH

Fill in this information to identify your case:							
Debtor 1 Gerrick Lamont Hale							
Debtor 2 (Spouse, if filing) Emily Rachel Hale							
United States E	Sankruptcy Court for the: Southern District of Ohio						
Case number(if known)							

Check as directed in lines 17 and 21:			
According to the calculations required by this Statement:			
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).		
	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).		
	3. The commitment period is 3 years.		
	4. The commitment period is 5 years.		

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

- 1. What is your marital and filing status? Check one only.
 - □ Not married. Fill out Column A, lines 2-11.
 - Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. §

				Colui Debt		 mn B or 2 or filing spouse
Your gross wages, salary, tips, bonuses, overtim payroll deductions).	e, and co	mmissi	ons (before all	\$	3,089.00	\$ 3,722.05
limony and maintenance payments. Do not inclu olumn B is filled in.	de payme	ents from	a spouse if	\$	0.00	\$ 0.00
All amounts from any source which are regularly of you or your dependents, including child support from an unmarried partner, members of your househ and roommates. Do not include payments from a spoyou listed on line 3.	ort. Includ	le regula depende	contributions nts, parents,	\$	0.00	\$ 73.37
et income from operating a business, rofession, or farm	Debtor	1				
ross receipts (before all deductions)	\$_	0.00				
rdinary and necessary operating expenses	-\$_	0.00				
et monthly income from a business, profession, or t	farm \$_	0.00	Copy here ->	\$	0.00	\$ 0.00
et income from rental and other real property	Debtor	· 1				
oss receipts (before all deductions)	\$_	0.00				
Ordinary and necessary operating expenses	-\$	0.00				
Ordinary and necessary operating expenses	_	0.00				0.00

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

				Column A Debtor 1		Column B Debtor 2 o non-filing		
7.	Interest, dividends, and royalties			\$	0.00	\$	0.00	
8.	Unemployment compensation			\$	0.00	\$	0.00	
	Do not enter the amount if you contend that the amount he Social Security Act. Instead, list it here:	unt received was a ben	efit under					
	For you		0.00					
	For your spouse	\$	0.00					
9.	Pension or retirement income. Do not include any benefit under the Social Security Act.	amount received that w	vas a	\$	0.00	\$	0.00	
10.	Income from all other sources not listed above. S Do not include any benefits received under the Social received as a victim of a war crime, a crime against h domestic terrorism. If necessary, list other sources of total below.	il Security Act or paymonumanity, or internation	ents al or					
				\$	0.00	\$	0.00	
				\$	0.00	\$	0.00	
	Total amounts from separate pages, if any.		+	\$	0.00	\$	0.00	
11.	Calculate your total average monthly income. Added each column. Then add the total for Column A to the		\$	3,089.00	+ _	3,795.42] [5,884.42
								average hly income
Part	2: Determine How to Measure Your Deduction	ns from Income						
	Copy your total average monthly income from line Calculate the marital adjustment. Check one:	e 11.					\$6	5,884.42
	You are not married. Fill in 0 below.							
	You are married and your spouse is filing with y	ou. Fill in 0 below.						
	☐ You are married and your spouse is not filing wi							
	Fill in the amount of the income listed in line 11, dependents, such as payment of the spouse's to	Column B, that was N						
	Below, specify the basis for excluding this incon adjustments on a separate page.	ne and the amount of ir	ncome de	voted to each	n purpose	e. If necessary	, list additio	nal
	If this adjustment does not apply, enter 0 below.	•	_					
			_ \$		_			
			- : —		_			
			_					
	Total		\$	0.0	0Co	ppy here=>		0.00
14.	Your current monthly income. Subtract line 13 from	om line 12.					\$6	6,884.42
15.		ear. Follow these step	s:					6,884.42
	15a. Copy line 14 here=>						\$,, ,,,,,,,
	Multiply line 15a by 12 (the number of months	s in a year).					x 12	2
	15b. The result is your current monthly income for	the year for this part of	the form.				\$82	2,613.04

Debtor 1 Debtor 2	Gerrick Lamont Hale Emily Rachel Hale	Case number (<i>if known</i>)
I		

16	Calcula	te the median family income that applies to y	ou. Follow these ste	eps:		
	16a. Fill	in the state in which you live.	ОН			
	16b. Fill	in the number of people in your household.	5			
	16c. Fill	in the median family income for your state and s	ize of household.		\$	91,915.00
		find a list of applicable median income amounts tructions for this form. This list may also be avail				
17		the lines compare?	able at the bankrup	oy didika dilide.		
	17a. I	Line 15b is less than or equal to line 16c. O 11 U.S.C. § 1325(b)(3). Go to Part 3. Do No				
	17b. i	☐ Line 15b is more than line 16c. On the top of 1325(b)(3). Go to Part 3 and fill out Calcu your current monthly income from line 14 at	lation of Your Disp			
Par	3: C	Calculate Your Commitment Period Under 11 I	J.S.C. § 1325(b)(4)			
18.	Сору ус	our total average monthly income from line 1	Ι		\$	6,884.42
19.	contend spouse's	the marital adjustment if it applies. If you are that calculating the commitment period under 1's income, copy the amount from line 13.	I U.S.C. § 1325(b)(4			0.00
	19a. If th	ne marital adjustment does not apply, fill in 0 on	ine 19a.		-\$	0.00
	19b. Su l	btract line 19a from line 18.			\$	6,884.42
20.	Calcula	te your current monthly income for the year.	Follow these steps:			
		py line 19b	•		\$	6,884.42
		ltiply by 12 (the number of months in a year).			×	: 12
	20b. The	e result is your current monthly income for the year	ear for this part of the	e form	\$_	82,613.04
	20c. Co	py the median family income for your state and s	size of household fro	om line 16c	\$_	91,915.00
	21 Ho	w do the lines compare?				
	•	Line 20b is less than line 20c. Unless otherwis period is 3 years. Go to Part 4.	e ordered by the co	urt, on the top of page 1 of this form, che	eck box 3, 7	he commitment
		Line 20b is more than or equal to line 20c. Unl commitment period is 5 years. Go to Part 4.	ess otherwise order	ed by the court, on the top of page 1 of t	this form, ch	eck box 4, The
Par	4: S	ign Below				
	By signi	ng here, under penalty of perjury I declare that the	ne information on thi	s statement and in any attachments is tr	ue and corr	ect.
)	/s/Ge	rrick Lamont Hale	X	/s/ Emily Rachel Hale		
		ck Lamont Hale ure of Debtor 1		Emily Rachel Hale Signature of Debtor 2		
	ŭ	ebruary 28, 2018		Date February 28, 2018		
	M	M/DD/YYYY		MM / DD / YYYY		
	•	necked 17a, do NOT fill out or file Form 122C-2.	. ,		_	
	if you ch	necked 17b, fill out Form 122C-2 and file it with the	nis form. On line 39	or tnat form, copy your current monthly it	ncome trom	line 14 above.

Debtor 1	Gerrick Lamont Hale
Debtor 2	Emily Rachel Hale

Case number (if known)	
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Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period **08/01/2017** to **01/31/2018**.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Employment

Income by Month:

6 Months Ago:	08/2017	\$18,534.00
5 Months Ago:	09/2017	\$0.00
4 Months Ago:	10/2017	\$0.00
3 Months Ago:	11/2017	\$0.00
2 Months Ago:	12/2017	\$0.00
Last Month:	01/2018	\$0.00
	Average per month:	\$3,089.00

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period **08/01/2017** to **01/31/2018**.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **Employment**

Income by Month:

6 Months Ago:	08/2017	\$22,332.29
5 Months Ago:	09/2017	\$0.00
4 Months Ago:	10/2017	\$0.00
3 Months Ago:	11/2017	\$0.00
2 Months Ago:	12/2017	\$0.00
Last Month:	01/2018	\$0.00
	Average per month:	\$3,722.05

Line 4 & 40 - Child support income (including foster care and disability)

Source of Income: Child Support

Income by Month:

6 Months Ago:	08/2017	\$0.00
5 Months Ago:	09/2017	\$0.00
4 Months Ago:	10/2017	\$232.30
3 Months Ago:	11/2017	\$0.00
2 Months Ago:	12/2017	\$0.00
Last Month:	01/2018	\$207.93
	Average per month:	\$73.37

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Aargon Collection Agen 8668 Spring Mountain Rd Las Vegas, NV 89117

Ad Astra Recovery Serv 7330 W 33rd St N Ste 118 Wichita, KS 67205

Ad Astra Recovery Serv 7330 W 33rd St. N Ste 118 Wichita, KS 67205

Allstate Career Inc c/o Weltman, Weinberg & Reis 3705 Marlane Drive Grove City, OH 43123

Always Pay Day PO Box 12700 Columbus, OH 43212

AmCol Systems P.O. Box 21625 Columbia, SC 29221

Amcol Systems Inc 111 Lancewood Rd Columbia, SC 29210

Apex Counseling Service 5310 E. Main Street Suite 102 Columbus, OH 43213-2598

Barclays Bank Delaware Po Box 8803 Wilmington, DE 19899

Capital One 15000 Capital One Dr Richmond, VA 23238

Capital One Auto Finan 3901 Dallas Pkwy Plano, TX 75093

Cavalry Portfolio Serv Po Box 27288 Tempe, AZ 85285

CBCS 170 E. Town Street PO Box 18838 Columbus, OH 43215-4608 Convergent Outsourcing 10750 Hammerly Blvd #200 Houston, TX 77043

Credit First N A 6275 Eastland Rd Brookpark, OH 44142

Credit Firt National Association PO Box 81315 Cleveland, OH 44181-0315

Credit Management Lp 4200 International Pkwy Carrollton, TX 75007

Directv c/o Afni Inc. PO Box 3517 Bloomington, IL 61702-3517

Ecmc 111 Washington Ave S Ste Minneapolis, MN 55401

ECSI 181 Montour Run Rd. Coraopolis, PA 15108

Enhanced Recovery Co L 8014 Bayberry Rd Jacksonville, FL 32256

Finance System of Toledo P.O. Box 351297 Toledo, OH 43635-1297

First Premier Bank 601 S Minnesota Ave Sioux Falls, SD 57104

Gerber Life Insurance 445 State Street Fremont, MI 49412

Green Valley Cash PO Box 615 Hays, MT 59527

I C System Inc Po Box 64378 Saint Paul, MN 55164 Internal Revenue Service Centralized Insolvency Operations PO Box 7346 Philadelphia, PA 19101-7346

Jefferson Capital Syst 16 Mcleland Rd Saint Cloud, MN 56303

Jones Law Group 513 E Rich St. Columbus, OH 43215

K. Jordan DMS
c/o Chase Receivables
1247 Broadway
Sonoma, CA 95476-7503

Meade & Associates 737 Enterprise Drive Lewis Center, OH 43035

Mercantile Adjmnt Bur 165 Lawrence Bell Dr Ste Buffalo, NY 14221

Merrick Bank Corp Po Box 9201 Old Bethpage, NY 11804

Midland Funding 2365 Northside Dr Ste 30 San Diego, CA 92108

Montgomery Ward 1112 7th Ave Monroe, WI 53566

Nationwide Children's Hospital Collection Department 700 Children's Drive Columbus, OH 43205-2696

Ohio Attorney General Collections Enforcement, Attn:Bankruptcy 150 E. Gay St., 21st Floor Columbus, OH 43215

Ohio Department of Taxation Bankruptcy Division P.O. Box 530 Columbus, OH 43216 Oriental Martial Arts College 1349 Brice Road Reynoldsburg, OH 43068

Pathology Laboratories Inc. 1946 N. 13th St. Suite 301 Toledo, OH 43604

Phillips & Cohen Associates, Ltd P.O. Box 48458 Oak Park, MI 48237

Plain Green 93 Mack Road Suite 600 Box Elder, MT 59521

Publisher's Clearing House c/o North Shore Agency 2700 Spagnoli Road, Suite 110 Melville, NY 11747

Rachael Hale c/o Franklin County CSEA 80 E. Fulton Street Columbus, OH 43215

Silver Cloud Financial 635 State Hwy 20 Upper Lake, CA 95485

Team Recovry 3928 Clock Pointe Trail Stow, OH 44224

The CBE Group Inc. 1309 Technology Way Cedar Falls, IA 50613

The Ohio State University 250 Lincoln Tower 1800 Cannon Drive Columbus, OH 43210-1230

U S Dept Of Ed/Gsl/Atl Po Box 4222 Iowa City, IA 52244

Us Dept Of Ed/glelsi Po Box 7860 Madison, WI 53707

Verizon Wireless Po Box 650051 Dallas, TX 75265